



AGENCY/DEPARTMENT
PAY PERIOD

"By signing this document, I certify to the best of my knowledge and belief that the provided information is true, complete, and accurate, and all funds were used solely for the project and purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise."

AUTHORIZED OFFICIAL SIGNATURE

DATE: